MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09 / 830038

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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CLAIMS	1	44.50	26	SHAP!	8	GAM-NO.	TOTAL CLAIMS	<u> </u>		I	7.0		

^{*} MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS